

9/784910

POSITION _____ INITIALS _____ ID NO _____
 FILE DETERMINATION _____
 O.P.E. CLASSIFIER _____
 FORMALITY REVIEW _____
 RESPONSE FORMALITY REVIEW _____

DATE _____

INDEX OF CLAIMS

✓ Rejected N
 ✓ Allowed L
 - (Through number) Canceled A
 Restricted O

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If more than 150 Claims or 10 actions
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